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Request For Continued Examination (RCE)

Transmittal

Address to:
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P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/063,476	14 G
Filing Date	26 April 2002	71-1
First Named Inventor	Matthew Kroeze, et al.	1/1/3
Art Unit	3727	14/2/03 BROSS
Examiner Name	Tri M. Mai	\$ KOSS
Attorney Docket Number	2036-3-3	/
-		_

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

amendments instructs other request non-ear a. Previous	and arerwise.	If applicant does such amendmen ubmitted. If a fina	osed with the RCE will be not wish to have any prev	entere viously ding, ar	filed unentered	which they amendmer	were filed nt(s) entere	unless ap d, applicar	nt must	
_	☐ Cor		ents in the Appeal Brief or		Brief previously	filed on		RE(CEIVE	b
b 🔀 Enck i. [ii [🛚 Am	endment/Reply davit(s)/Declarati	ion(s)		☐ Information D☐ Other	isclosure S	•	100)	2 8 2003 BY CENTER	
2.										
a. Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)										
b. □ (3.										
 3. The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed. a. The Director is hereby authorized to charge the deficient fees, or credit any overpayments, to 										
_	Deposit Account No.07-1897									
ii.	i. Extension of time fee (37 C.F.R. 1.136 and 1.17)									
	iii. ☐ Other 01 FC:2801 385.00 is ☑ Check in the amount of \$ 860.00 enclosed) F		
c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not									i	
			ion on this form may be form. Provide credit ca							
		SIGNA	TURE OF APPLICANT, A	ATTOR	NEY, OR AGEN	IT REQUIR	RED			<u> </u>
Name (Print /Ty	/pe)	Swanger Mandon	ay		Registration No	. (Attorney	/Agent)	45,796		
Signature					Date ,	21 Noven	nber 2003			ノ
CERTIFICATE OF MAILING OR TRANSMISSION										
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:										
Name (Print /Ty	e (Print /Type) Jamie Buhl									
Signature Date 21 November 2003										

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

#9 RCE

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
то	TAL CLAIMS					. 10 S	Γ	RATE	FEE		RATE	FEE
FO	٦		NUMBER F	FILED	NUMBE	ER EXTRA	E	BASIC FEE	370.00	OR	BASIC FEE	740.00
TO'	TAL CHARGEA	EABLE CLAIMS 22 minus 20= * 22			2		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 5 minus 3 = * 5			2	ľ	X42=		OR	X84=				
MULTIPLE DEPENDENT CLAIM PRESENT					f	+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2					L	TOTAL	-]	TOTAL			
CLAIMS AS AMENDED - PART II						,			OTHER			
		(Column 1)		(Column		(Column 3)		SMALL E		OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	N AIRA	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140=		OR	+280=			
				•			L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Columr		(Column 3)	7					
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	* •	Minus	**		=		X\$ 9=		OR	X\$18=	
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							L ^	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	<u> </u>	(Column 1)		(Columr		(Column 3)	,	ا خاما ۱۰۰۱ رسرس		- .	,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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匚	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT (CLAIM		1	.440		1	1000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							OR	+280=	<u> </u>			
**	If the "Highest Nu If the "Highest Nu	mber Previously Parker Previou	'aid For" IN THI Paid For" IN TH	IS SPACE is I IIS SPACE is I	less that less tha	in 20, enter "20." an 3, enter "3."	•	TOTAL ADDIT. FEE		OR	ADDIT. FEE	